

# Registration Form

## Refund Policy

1. We reserve the right to cancel any class/program which fails to meet the required minimum participation. Full refunds will be issued in such instances.
2. Refunds will be issued only if cancellation request is made by the weekday prior to the beginning of the class/ program (unless otherwise stated). No refunds processed after class/program begins unless an injury prohibits participation in the program. A doctor's note is required for a refund due to injury & refund is subject to pro-rating.
3. A \$2 administrative refund fee will be charged. All refund claims are subject to the State Board of Accounts claim procedure and require a minimum of 2-3 weeks to process.

Parent/Guardian Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

A. Registrant's 1<sup>st</sup> Name \_\_\_\_\_ Last Name \_\_\_\_\_ Sex: M/F Birthdate \_\_\_\_\_

|    | Class Code | Class Name | Fee |    | Class Code | Class Name | Fee |
|----|------------|------------|-----|----|------------|------------|-----|
| 1. |            |            |     | 3. |            |            |     |
| 2. |            |            |     | 4. |            |            |     |

B. Registrant's 1<sup>st</sup> Name \_\_\_\_\_ Last Name \_\_\_\_\_ Sex: M/F Birthdate \_\_\_\_\_

|    | Class Code | Class Name | Fee |    | Class Code | Class Name | Fee |
|----|------------|------------|-----|----|------------|------------|-----|
| 1. |            |            |     | 3. |            |            |     |
| 2. |            |            |     | 4. |            |            |     |

Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Reg. Total \$ \_\_\_\_\_

Account# \_\_\_\_\_ Donation to Columbus Park Foundation \$ \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Grand Total \$ \_\_\_\_\_

Exp. Date \_\_\_\_\_

Please make checks payable to: **Columbus Parks & Recreation Department**

If mailing send to: Columbus Parks & Recreation • P.O. Box 858 • Columbus, IN • 47202  
Columbus Parks and Recreation 812-376-2680